

MULTIPLE DEPEN CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10 / 537406 FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
|--------------|----------|------|---------------------------------|------|---------------------------------|------|--|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| 37 | 1 | | | | | | |
| 38 | 1 | | | | | | |
| 39 | 1 | | | | | | |
| 40 | 1 | | | | | | |
| 41 | 1 | | | | | | |
| 42 | 1 | | | | | | |
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| 50 | 1 | | | | | | |
| TOTAL IND. | | | | | | | |
| TOTAL DEP. | | | | | | | |
| TOTAL CLAIMS | | | | | | | |

| | AS FILED | | AFTER 1 ST AMENDMENT | | AFTER 2 ND AMENDMENT | | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. | |
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| TOTAL IND. | 2 | | | | | | |
| TOTAL DEP. | 25 | | | | | | |
| TOTAL CLAIMS | 27 | | | | | | |